



## **Notice of Privacy Practices for Protected Health Information**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the

**BLUEGRASS REGIONAL IMAGING PRIVACY OFFICER AT 859.219.0542**

EFFECTIVE DATE: 6/2020

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information ("PHI") is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnose, treatment, and applying for future care or treatment. It also includes billing documents for those services.

We may use your PHI without your written consent or authorization for purposes of Treatment, Payment, and Health Care Operations of our office.

Examples of uses of your health information for treatment purposes are:

- A technologist obtains treatment information about you and records it in a health record.
- During your treatment, the physician determines if they will need to consult with another specialist in the area. The physician will share the information with such specialist and obtain his/her input.

Example of use of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment requests information from us regarding your medical care we provided. We will provide information to them about you and the care given.

Example of use of your information for Health Care Operations:

- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training

programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.

## **YOUR HEALTH INFORMATION RIGHTS**

The Health and billing records we maintain are the physical property of the doctor's office. You have the following rights with respect to your protected health information:

1. You may request a restriction on certain uses and disclosures of your protected health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request granted.
2. You may obtain a paper copy of our Notice of Privacy Practices for Protected Health Information (Notice) by making a request at our office.
3. You have the right to inspect and copy your health record or billing record. You may exercise this right by delivering a request in writing to our office. You may appeal a denial of access to your protected health information except in certain circumstances.
4. You have the right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. The physician or other health care provider is not required to make such amendments. You may file a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
5. You have the right to receive an accounting of disclosures of your protected health information. We are required to maintain by law, by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your requests, disclosures made to family members or friends while providing care.
6. You have the right to confidential communication by requesting that communication of your protected health information be made by alternative means or at an alternative location by delivering the request in writing to our office.

If you want to exercise any of the above rights, please contact our Privacy Official, Vickie Marshall at 859.219.0542, or Bluegrass Regional Imaging, Atten: Privacy Official, 701 Bob-O-Link Drive, Suite 245, Lexington, KY 40504, in person or in writing, during normal business hours. They will provide you with assistance on the steps to take to exercise your rights.

## **OUR RESPONSIBILITIES**

The office is required to:

- Maintain the privacy of your protected health information as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of that notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate protected health information with you.
- Accommodate your request for an accounting of disclosures of your protected health information.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If your privacy and information practices change, we will amend our notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy of our "Notice" or by visiting the office and picking up a copy. You can also obtain this information online, at [www.bluegrassregionalimaging.com](http://www.bluegrassregionalimaging.com). We will post in our office the most current version of our notice.

#### **TO REQUEST INFORMATION OR FILE A COMPLAINT**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Privacy Officer, Vickie Marshall at 859.219.0542, or Bluegrass Regional Imaging, Atten: Privacy Official, 701 Bob-O-Link drive. Suite 245, Lexington, KY 40504.

Additionally, if you believe your rights have been violated, you may file a written complaint to our office by delivering the written complaint to our Privacy Officer, Chris Reed. You may also file a complaint by contacting the Secretary of the Department of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.

- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services (HHS).

## **FOLLOWING IS A LIST OF OTHER USES AND DISCLOSURES ALLOWED BY THE PRIVACY RULE**

### **Patient Contact**

We may contact you to provide you with appointment reminders, with information regarding treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. We may contact you as part of a fund-raising effort.

### **Notification**

#### 1. Opportunity to agree or object

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other persons responsibility for your care, about you location, and about your general condition, or your death.

Unless you object, using our best judgement, we may disclose to a family member, other relative close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Unless you object, we may use and disclose your protected health information to assist in disaster relief efforts.

#### 2. Opportunity to agree or object not required without an opportunity for you to agree or object, we may use or disclose your protected health information as follows:

### **PUBLIC HEALTH ACTIVITIES**

#### **Controlling Disease**

As required by law, we may disclose your personal protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

#### **Child abuse or neglect**

We may disclose protected health information to public authorities as allowed by law to report child abuse or neglect.

#### **Food and Drug Administration (FDA)**

We may disclose protected health information to government authorities to the extent the disclose is authorized by statue or regulation and in the exercise of professional judgement the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

#### **Victims of abuse, neglect, or domestic violence**

We may disclose protected health information to government authorities to the extent the disclosure is authorized by the statue or regulation and in exercise of professional judgment the

doctor believes the disclose is necessary to prevent serious harm to the individual or other potential victim.

### **Oversight Agencies**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activated to include audits, civil, administrative or criminal investigations: inspections: licensure or disciplinary actions, and for similar reasons related to the administration of healthcare.

### **Judicial/Administrative Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceedings as allowed or required by law, or as directed by a proper court order or administrative tribunal, provide that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.

### **Law Enforcement**

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

### **Coroners, Medical Examiners and Funeral Directors**

We may disclose your protected health information to funeral directors or coroners, consistent with applicable law to allow them to carry out their duties.

### **Organ Procurement Organizations**

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

### **Research**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

### **Threat to Health and Safety**

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lesson a serious, imminent threat to the health or safety of a person or public.

### **For specialized government functions**

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personal.

**Correctional Institutions**

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

**Workers Compensation**

If you are seeing compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relation to workers compensation.

**Other uses and disclosures**

- Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your prior written authorization which you may revoke except to the extent of information or action has already been taken.

**Website**

- You may find this information on our website at [bluegrassregionalimaging.com](http://bluegrassregionalimaging.com)